

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **06/24/15**

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>review, the facility failed to 1) ensure a resident identified with aggressive behavior and history of hitting other residents and staff is supervised. This failure resulted in R2 assaulting a resident (R1) who sustained a black eye and bilateral nasal bone fractures.</p> <p>The facility also failed to 2) implement fall interventions, revise specific interventions to prevent further falls and failed to monitor and supervise a resident. As a result of this failure, R4 sustained a small laceration on top of the head from the fall on 2/14/2015 and re-fractured her right shoulder, sustained facial/periorbital swelling and right black eye after a fall on 2/28/15.</p> <p>This applies to one of three residents (R4) reviewed for falls and one of three residents (R2) reviewed for incidents of aggressive behavior.</p> <p>The findings include:</p> <p>1. R2 was admitted to the facility on 02/19/15 with diagnoses including Huntington's Chorea, Anxiety, Episode Mood Disorder and Depressive Disorder.</p> <p>R2's care plan initiated on 02/28/15 showed R2 was admitted from the hospital with diagnoses of AMS (Altered Mental Status), Mood Disorder and Anxiety. R2 was hospitalized for stabilization of behavior for two months. Prior to hospitalization, R2 lived in a Senior Living facility where he attacked another resident after being agitated. This care plan did not provide how the facility would monitor behavior to prevent incidents with other residents.</p> <p>R2's care plan dated 02/26/15 stated "Resident non compliant at times, can become physically aggressive with staff without warning. This care</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>plan did not have a measurable goal and the facility did not provide interventions as to how they would monitor R2's behavior to prevent aggressive behavior.</p> <p>R2's care plan initiated 03/12/15 identified "Problematic manner in which R2 acts by ineffective coping; verbal/physical aggression, striking out others, kicking and hitting related to: Cognitive impairments/physical changes in brain due to Huntington Disease. This care plan did not have any intervention to indicate how the facility would monitor R2's aggressive behavior.</p> <p>R2's nurse's note dated 02/26/15 showed "While doing last rounds on resident, resident kicked CNA (Certified Nursing Assistant) on the chin. Supervisor made aware and talked to resident."</p> <p>A nurse's notes dated 02/27/15, " combative and hit CNA while clothing changed."</p> <p>On 3/1/15 at 06:30 nurse's notes showed R2 continued to become physical with staff during care.</p> <p>Nurse's notes dated 03/7/15 (5 PM) showed documentation R2 was swinging/hitting staff.</p> <p>R2's incident report dated 5/11/15 showed R2 went inside R1's room and hit R1 on the face and head. R2 was sent out to the hospital for behavior evaluation and treatment. The facility cannot provide any evidence including documentation this incident was investigated.</p> <p>R1's nurse's note dated 05/11/15 showed R2 went into R1's room and when R1 asked R2 to leave, R2 started pounding on her (R1). R1 was assessed with bruises to the bridge of the nose</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>and scratches on right shoulder. R1 was sent to the hospital where she was diagnosed with black eye (hematoma around eyes) and bilateral nasal bone fractures.</p> <p>Further review of R2's nurses' notes and care plan did not show any monitoring or supervision of the resident leading to the incident.</p> <p>Incident report dated 3/13/15 at 10:15 AM, showed R2 struck E18 in the forehead and E18's neck snapped back while giving care.</p> <p>On 5/20/15 at 12:50 PM, R1 was observed sitting in the bed. R1 had bruises on the face, nose and scratches on the left side of her neck. R1 stated in the morning of 5/11/15 while she was standing near the sink inside her room, a resident came running inside her room from the hallway, yelling, " This is my room," and started beating her on the face and head. Per R1 she started yelling for help, staff came to her room and took R2 away.</p> <p>On 06/02/15 at 1:25 PM, E8 (Nurse) stated she did not see the incident happen, but E9 (Housekeeper who no longer works in the facility) told her (E8) R1 and R2 were fighting. E8 said when she got to R1's room, R2 was leaving the room so she attended to R1 who was bruised.</p> <p>R2's Physician Progress Notes document R2 has aggressive behaviors and has had episodes of hitting facility staff members.</p> <p>2. R4 was admitted to the facility on 11/07/14 with diagnoses including Cerebral Palsy, Hypothyroidism, Anxiety State, Cataract, Legally Blind and Mental Retardation.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>Review of the facility incident reports indicate that R4 had fallen 10 times for the period of 4 months from 01/10/15 to 05/09/15 as follows:</p> <ul style="list-style-type: none"> - On 1/10/15 (2:18 PM), R4 was observed on the floor next to toilet in the hall bathroom. New intervention was to offer toileting upon rising, before meals/after meals, bedtime, PRN (as needed), keep in common areas. Corrective action taken immediately: Reinforced safety awareness - On 1/20/15 (1:30 PM), R4 was observed on the floor next to toilet. New Intervention was to try and keep in common areas and 3 day bowel and bladder, always incontinent of Bowel and Bladder. Corrective action taken immediately: Resident was told to always use the call light and call for staff assistance. - On 2/13/15 (9:00 PM), R4 was observed on the bathroom floor. New intervention was to follow fall protocol. - On 2/14/15 (5:45 PM), R4 was observed sitting on the floor next to his wheel chair in his room. R4 had a small skin tear on right elbow and superficial laceration on top of R4's head. New intervention: Place belongings within reach. Corrective action taken immediately: Seat belt locked and put at table. - On 2/10/15 (9:00 PM), R4 was observed slipped from wheel chair to pick up something off the floor. New intervention: Non skid material in wheel chair and " keep environment picked up. " - On 2/25/15 (8:30 PM), R4 slid on the floor in his room. New intervention: Keep in common areas, Non skid material in wheel chair. 	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>- On 2/28/15 (9:55 PM), R4 was observed on the bathroom floor wedged between toilet and wall laying on right side. R4 had small abrasion on right elbow and complained of pain on right shoulder. R4 was sent to the hospital emergency room for evaluation. R4 came back to facility with a right arm sling and was diagnosed with an old re-fractured right shoulder with soft tissue swelling. R4 also had facial/periorbital swelling and right black eye.</p> <p>- On 4/05/15 (3:05 PM), R4 was found on the floor next to low bed on floor mat. New intervention: Continue current intervention.</p> <p>- On 4/20/15 (12:35 PM), R4 was found on the floor next to low bed. New intervention: continue current intervention. Cause/probable cause: Resident did not call for staff assistance or use the call light. Intervention to be implemented: Resident advised to always use the call light and to call for staff assistance.</p> <p>- On 05/08/15 (10:55 AM), R4 was found in the bathroom floor in shower room. Per R4, he was trying to toilet himself. New intervention: continue current intervention.</p> <p>MDS (Minimum Data Set) dated 2/15/15 showed R4 had a BIMS (Brief Interview for Mental Status) score of 2, indicating that R4 had severe cognitive impairment. The same MDS showed R4 required extensive assistance with one person physical assist for toilet use and transfer. R4 was also coded as always incontinent with bowel and bladder functions.</p> <p>Review of current fall risk assessment dated 03/25/15 showed R4 is high risk for falls, has</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>poor safety awareness and had diagnosis of mental retardation.</p> <p>As indicated above, R4 had cognitive impairment, confusion, language barrier and functional limitations. The current care plan showed no specific intervention how to monitor and supervise R4 to prevent further fall. As a result of this failure, R4 sustained a small laceration on top of the head from the fall on 2/14/2015 and re-fractured right shoulder, sustained facial/periorbital swelling and right black eye after a fall on 2/28/15.</p> <p>On 5/21/15 at 12:30 PM, R4 was observed up in wheel chair inside his room with wheel chair alarm disconnected. E10 (Nurse) and E11 (CNA/Certified Nursing Assistant) were present during this observation. E10 stated R4 just came back from therapy and that the alarm should be connected at all times. E11 stated probably the PT (Physical Therapist) deactivated the alarm because it was disconnected. E11 further stated you have to push the reset button to stop the beeping and I did not remember it was beeping when found disconnected.</p> <p>On 5/21/15 at 12:45 PM, E12 (Physical Therapist) stated she brought R4 back to his room from therapy at 12:10 PM and connected the alarm before leaving R4 alone in his room.</p> <p>On 6/02/15 at 11:30 AM, R4 was observed up in wheel chair inside the therapy room. R4 was noted to be seating on layers of chair cushion, non-skid pad, wheel chair pad alarm and on top was a towel. The non skid pad was covered defeating its purpose of preventing R4 from slipping down.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8 The facility did not follow R4's care plan intervention. <p style="text-align: center;">(B)</p>	S9999		